

Florida Department of State

Division of Corporations Public Access System

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UPRIGHT HOME INSPECTOR CORP.

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August 17, 2009

FLORIDA DEPARTMENT OF STATE

Division of Corporations

UPRIGHT HOME INSPECTOR CORP. 19158 SW 16TH ST PEMBROKE PINES, FL 33029

SUBJECT: UPRIGHT HOME INSPECTOR CORP.

REF: P04000127500

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Tina Robents
Requiatorn Specialist II

FAX Aud. #: H09000182533 Letter Number: 309A00027815 . A50-14- 2009 1:49PM Nº0357 Granizos Taxes Articles of Amendment 09 AUG 18 PM 2:58 Articles of Incorporation of UPRIGHT HOME INSPECTOR CORP. (Name of Corporation as currently flied with the Florida Dept. of State) P04000127500 (Document Number of Corporation (if known) Pursuant to the provisions of section 607.1006, Florida Statutes, this Florida Profit Corporation adopts the following amendment(s) to its Articles of Incorporation: A. If amending name, enter the new name of the corporation: name must be distinguishable and contain the word "corporation," "company," or "incorporated" or the abbreviation "Corp.," "Inc.," or Co.," or the designation "Corp.," "Inc.," or "Co". A professional corporation name must contain the word "chartered," "professional association," or the abbreviation "P.A." B. Enter new principal office address, if applicables N/A (Principal office address MUST BE A STREET ADDRESS) C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) D. If amending the registered agent and/or registered office address in Florida, enter the name of the new registered seent and/or the new registered office address; N/A Name of New Registered Agent:

New Registered Agent's Signature, if changing Registered Agent;

New Registered Office Address:

I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of the position.

(City)

N/A

Signature of New Registered Agent, if changing

(Florida street address)

____ Florida_ (Zip Code) If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:
(Attach additional sheets, if necessary)

Title	Name	Address	Type of Action
VP	PINZON, BRYHAI	Y M 19158 SW 16TH ST PEMBROKE PINES. FL	33029 Z Remove
			-
E If amond (attach at N/A	ling or adding additional dditional sheets, if necessa		
provisi	nendment provides for a ons for implementing the ot applicable, indicate N/	n exchange, reclassification, or cancellation amendment if not contained in the amend	n of issued shares, dment itself:
NA			
		1	
——————————————————————————————————————	<u> </u>		·

. A80-14. 2009 1:49PM	Granizos Taxes	Nº0357	P. 4
The date of each amendmen	t(s) adoption: AUGUST 14, 2009		
Effective date if applicable:	AUGUST 14, 2009	requiredj	
	(no more than 90 days after amendme	nt file date)	
Adoption of Amendment(s)	(CRECK ONE)		
The amendment(s) was/we by the shareholders was/w	re adopted by the shareholders. The nu are sufficient for approval.	mber of votes east for the amendment(s	i)
The amendment(s) was/we must be separately provide	re approved by the shareholders through d for each voting group entitled to vote	h voting groups. The following stateme separately on the amendment(2):	int
"The number of votes	cast for the amendment(s) was/were sur	fficient for approval	
by	(voting group)	·····	
The amendment(s) was/we action was not required.	re adopted by the board of directors wit	thout shareholder action and shareholde	T.
The amendment(s) was/we setion was not required.	re adopted by the incorporators without	shareholder action and shareholder	
Dated_AUC	BUST 14, 2009		
Signature _	Carta Amada		
sel	a director, president or other officer— seted, by an incorporator—if in the hand cointed fiduciary by that fiduciary)		
	MARTHA N. P.		
	(Typed or printed name or	f person signing)	
	PRESIDE	NT	
	(Title of person signing)		